
State:	Arkansas	Filing Company:	Lincoln Heritage Life Insurance Company
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other		
Product Name:	Revised Reinstatement Applications		
Project Name/Number:	/		

Filing at a Glance

Company:	Lincoln Heritage Life Insurance Company
Product Name:	Revised Reinstatement Applications
State:	Arkansas
TOI:	L08 Life - Other
Sub-TOI:	L08.000 Life - Other
Filing Type:	Form
Date Submitted:	09/17/2012
SERFF Tr Num:	LHLI-128687536
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	12REINSAPPR-AR ETAL, WM
Implementation	On Approval
Date Requested:	
Author(s):	Shirley Grossman, Cathy Patterson, Wanda McNeece, Sally Roudebush, Rodney Hartwig
Reviewer(s):	Linda Bird (primary)
Disposition Date:	09/20/2012
Disposition Status:	Approved-Closed
Implementation Date:	
State Filing Description:	

State: Arkansas
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: Revised Reinstatement Applications
Project Name/Number: /

Filing Company: Lincoln Heritage Life Insurance Company

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: Illinois is state of domicile and is a member of the IIPRC. These forms were filed with the compact on September 14, 2012 and are pending review.

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Market Type: Individual
Individual Market Type:
Filing Status Changed: 09/20/2012
State Status Changed: 09/20/2012

Deemer Date:
Submitted By: Wanda McNeece

Created By: Wanda McNeece
Corresponding Filing Tracking Number:

Filing Description:
Lincoln Heritage Life Insurance Company, NAIC # 65927

12REINSAPPR-AR – Reinstatement Application for Individual Life Insurance
12AGREINSAPPR-AR – Reinstatement Application for Individual Life Insurance

We are submitting the above listed forms for review and approval. These forms will not be marketed with an illustration. These are new forms and do not replace any previously filed or approved forms. Producers licensed to do business in your state will market these forms. These forms will initially be used with policy forms 12WL-AR, 1220P-AR and 12GDB-AR which were submitted under SERFF tracking number LHLI- 128671709 and approved on September 12, 2012.

Forms 12REINSAPPR-AR and 12AGREINSAPPR-AR are reinstatement applications which will be used by our service department and our agents to redate or reinstate the policies of current policyholders that have lapsed due to non-payment of premiums.

These forms are similar to forms 12REINSAPP-AR and 12AGREINSAPP-AR which were filed under SERFF tracking number LHLI-128338419. The filing was approved on May 10, 2012. The only change we have made to these forms is that we have removed the wording “I understand that coverage takes effect when the first premium is paid.” which is the last sentence of the applicants statement affirming the answers to the questions are true.

To the best of my knowledge, information and belief, these forms are in compliance with the provisions of the insurance laws, rules and regulations of your state, and do not contain any controversial, unusual or previously disapproved provisions.

Sincerely
Wanda McNeece, ACS, AIRC
Senior Compliance Associate
Lincoln Heritage Life Insurance Company

Company and Contact

State: Arkansas
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: Revised Reinstatement Applications
Project Name/Number: /

Filing Company: Lincoln Heritage Life Insurance Company

Filing Contact Information

Wanda McNeece, wanda.mcneeece@londen-insurance.com
4343 E Camelback Rd 800-433-8181 [Phone]
Phoenix, AZ 85018 602-808-8845 [FAX]

Filing Company Information

Lincoln Heritage Life Insurance Company
4343 East Camelback Road
Phoenix, AZ 85018
(800) 433-8181 ext. [Phone]

CoCode: 65927
Group Code:
Group Name:
FEIN Number: 04-2314290

State of Domicile: Illinois
Company Type: Life and Health
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? Yes
Fee Explanation: 2 forms x \$50 per form = \$100 total filing fee
Per Company: No

Company	Amount	Date Processed	Transaction #
Lincoln Heritage Life Insurance Company	\$100.00	09/17/2012	62741063

SERFF Tracking #:	LHLI-128687536	State Tracking #:		Company Tracking #:	12REINSAPPR-AR ETAL, WM
State:	Arkansas	Filing Company:	Lincoln Heritage Life Insurance Company		
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other				
Product Name:	Revised Reinstatement Applications				
Project Name/Number:	/				

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/20/2012	09/20/2012

SERFF Tracking #:	LHLI-128687536	State Tracking #:		Company Tracking #:	12REINSAPPR-AR ETAL, WM
State:	Arkansas	Filing Company:	Lincoln Heritage Life Insurance Company		
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other				
Product Name:	Revised Reinstatement Applications				
Project Name/Number:	/				

Disposition

Disposition Date: 09/20/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Certification of Compliance		No
Supporting Document	Statement of Variability		No
Form	Reinstatement application for individual life insurance		No
Form	Reinstatement application for individual life insurance		No

State:	Arkansas	Filing Company:	Lincoln Heritage Life Insurance Company
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other		
Product Name:	Revised Reinstatement Applications		
Project Name/Number:	/		

Form Schedule

Lead Form Number: 12REINSAPPR-AR							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		12REINSAPPR-AR	AEF	Reinstatement application for individual life insurance	Initial:	50.000	12REINSAPPR-AR.pdf
2		12AGREINSAPPR-AR	AEF	Reinstatement application for individual life insurance	Initial:	50.000	12AGREINSAPPR-AR.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

APPLICATION FOR REINSTATEMENT

PLEASE PRINT LEGIBLY

REDATE ☐

Insured(s)

Policy #

I understand that said policy will not be reinstated until this application has been approved by the Company and the necessary premium has been received by the Home Office. The following representations may be used as a basis for contestability of a claim for not more than two (2) years after the date of such representation.

1. Is any proposed insured bedridden, incarcerated, in a care facility, receiving hospice care or ever been diagnosed by a physician as having a terminal illness? ☐ Yes ☐ No
2. Has any proposed insured been hospitalized in the past ninety (90) days or used oxygen to assist in breathing?..... ☐ Yes ☐ No
3. In the past two (2) years, has any proposed insured been diagnosed by a member of the medical profession with a disease of the heart, lungs, liver, kidney, circulatory or immune system or been diagnosed with any form of internal cancer? ☐ Yes ☐ No

If yes to any question please explain: _____

I authorize any pharmacy or pharmacy benefit manager that possesses prescription history about me to furnish such health information to Lincoln Heritage Life Insurance Company or its reinsurers for the purpose of evaluating my application for insurance. Health information obtained will not be re-disclosed without my authorization unless permitted by law, in which case it may not be protected under federal privacy rules. This authorization shall be valid for two (2) years from this date and may be revoked by sending written notice to Lincoln Heritage Life Insurance Company.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. I affirm that the answers I have given are true to the best of my knowledge and belief. I understand that the company will rely on my answers in issuing the insurance.

If previously on Automatic Payment Plan, do you wish to resume? ☐ Yes ☐ No

Signature of Owner _____ Date _____

Signature of Insured _____ Date _____
(If eighteen (18) years or older)

Social Security Number of Insured: _____

APPLICATION FOR REINSTATEMENT

PLEASE PRINT LEGIBLY

REDATE ☐

Insured(s)

Policy #

I understand that said policy will not be reinstated until this application has been approved by the Company and the necessary premium has been received by the Home Office. The following representations may be used as a basis for contestability of a claim for not more than two (2) years after the date of such representation.

1. Is any proposed insured bedridden, incarcerated, in a care facility, receiving hospice care or ever been diagnosed by a physician as having a terminal illness? ☐ Yes ☐ No
2. Has any proposed insured been hospitalized in the past ninety (90) days or used oxygen to assist in breathing?..... ☐ Yes ☐ No
3. In the past two (2) years, has any proposed insured been diagnosed by a member of the medical profession with a disease of the heart, lungs, liver, kidney, circulatory or immune system or been diagnosed with any form of internal cancer? ☐ Yes ☐ No

If yes to any question please explain: _____

I authorize any pharmacy or pharmacy benefit manager that possesses prescription history about me to furnish such health information to Lincoln Heritage Life Insurance Company or its reinsurers for the purpose of evaluating my application for insurance. Health information obtained will not be re-disclosed without my authorization unless permitted by law, in which case it may not be protected under federal privacy rules. This authorization shall be valid for two (2) years from this date and may be revoked by sending written notice to Lincoln Heritage Life Insurance Company.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. I affirm that the answers I have given are true to the best of my knowledge and belief. I understand that the company will rely on my answers in issuing the insurance.

If previously on Automatic Payment Plan, do you wish to resume? ☐ Yes ☐ No

Signature of Owner _____ Date _____

Signature of Insured _____ Date _____
(If eighteen (18) years or older)

Social Security Number of Insured: _____

I confirm that the Owner and Insured answered and completed this application for reinstatement of the policy listed.

Signature of Producer _____ Producer's Number _____

SERFF Tracking #:	LHLI-128687536	State Tracking #:		Company Tracking #:	12REINSAPPR-AR ETAL, WM
State:	Arkansas	Filing Company:	Lincoln Heritage Life Insurance Company		
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other				
Product Name:	Revised Reinstatement Applications				
Project Name/Number:	/				

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
Certification of Readability.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Certification of Compliance		
Comments:			
Attachment(s):			
Certification of Compliance.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):			
Statement of Variability.pdf			

CERTIFICATION OF FLESCH READABILITY SCORE


I, Shirley Grossman, Vice President for Lincoln Heritage Life Insurance Company do hereby certify that the forms listed below have text that achieves a minimum score of 50.0 on the FLESCH reading ease test. The forms print in not less than ten (10) point type and one (1) point leaded, except for specification pages, any schedules and tables.

Policy Form(s):

12REINSAPPR-AR – Reinstatement Application for Individual Life Insurance

12AGREINSAPPR-AR – Reinstatement Application for Individual Life Insurance

LINCOLN HERITAGE LIFE INSURANCE COMPANY



Shirley Grossman, Vice President

September 17, 2012

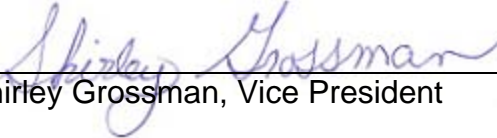
Certification of Compliance

Lincoln Heritage Life Insurance Company

As specified in the Arkansas Insurance Regulations, I do hereby certify that the Company has reviewed the contents of Arkansas Rule and Regulation 19 and to the best of its knowledge and belief this submission meets the provisions of this rule as well as all applicable requirements of the Arkansas Insurance Department.

Enclosed policy forms:

12AGREINSAPPR-AR
12REINSAPPR-AR



Shirley Grossman, Vice President

September 17, 2012

Date

Statement of Variability

The only variable information associated with these forms is the information that is specific to the company or the individual completing the form or the individual applying for insurance coverage or the producer making the sale.

The owner and applicant information is variable to the extent that the information is specific to the person completing the information or the person applying for coverage.

The executive office of the company is variable to the extent that the company may at some future date change physical location of the office.

None of the text found in the application forms or the authorization for payment form is variable.